

APPLICATION FOR
NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
12 MARCH 2004

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 14 APRIL 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22E
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22E"

A. NOTICE. This position is set aside for individual OB-GYN Physicians. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. OB-GYN PHYSICIAN. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed either possess board certification in Obstetrics and Gynecology or be an "active candidate" for board certification as determined by the American Board of Gynecology (ABOG). This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award. (See Section D and E).

Services shall be provided in the Naval Hospital, Jacksonville, FL.

You shall provide 80 hours of service per two week period, excluding on-call services, on a variable schedule. The OB/GYN department is open from 0630 until 1800, Monday through Friday. Shift lengths may be variable, from 8.5 hours (to include a .5 hour uncompensated lunch), to 10 hours (to include a 1 hour uncompensated lunch), to ensure shift coverage. All services shall be scheduled one month in advance by the Commanding Officer or his/her representative. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

On-call services: You shall provide extended and emergency services on an "on-call" status during periods other than normal working hours, to include holidays and weekends. The "on-call" OB/GYN physician will be available by telephone and/or pager for consultation or to be physically summoned to the MTF, when determined necessary by consultation with the Emergency Room physician on duty and/or the referring staff physician. "On-call" is to be based on a rotational schedule with other OB/GYN staff for in-hours and/or pager/telephone call approximately five (5) times per month. The on-call schedule is a 24 hour period from 0730 am till 0730 am the next day with the remainder of the day off after call performed "in-house". MTF regulations require that physicians on duty be able to personally attend to an emergency call taken within 30 minutes.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Unless providing on-call services, your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. You shall perform a full range of OB/GYN Physician services, within the scope of clinical privileges granted. Services shall be provided on site using government furnished supplies, facilities and equipment. Actual clinical performance will be a function of the overall demand for OB/GYN Physician services. Caseload includes scheduled and unscheduled requirements for care.

1. ADMINISTRATIVE/TRAINING DUTIES AND REQUIREMENTS. You shall:

1.1. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, the healthcare worker shall be required to read and initial the minutes of the meeting.

1.2. Participate in the provision of in-service training to members of the clinical and administrative staff on subjects germane to their specialties.

1.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

1.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

1.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.6. Maintain an awareness of responsibility and accountability for own professional practice.

1.7. Participate in continuing education to meet own professional growth.

1.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and fire/safety.

1.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

1.11. Adhere to infection control guidelines and practice universal precautions.

1.12. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and

maintaining physical security.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.14. Maintain statistical records of clinical workload. Operate and manipulate automated systems such as Composite Health Care Systems (CHCS), Ambulatory Data Module (ADM), participating in education programs and in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.15. Participate in staff and patient health education activities.

1.16. Participate in clinical staff quality improvement/management functions to include participation in peer review and performance improvement activities.

1.17. Provide timely, legible, and accurate medical record documentation that describe the procedures performed and the care rendered to patients in accordance with the MTF requirements and professional standards.

1.18. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. CLINICAL RESPONSIBILITIES. You shall perform a full range of OB/GYN services using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. In addition to those procedures identified in Attachment 1, you shall:

2.1. Perform the necessary therapeutic, diagnostic and prophylactic procedures for OB/GYN patients.

2.2. Obtain pertinent medical history and conduct a physical examination of each patient presenting for OB/GYN treatment, request diagnostic tests as indicated, render a diagnosis, provide indicated treatment and provide follow-up instructions.

2.3. Prescribe medications as indicated and may dispense pre-packaged medications in accordance with policies and procedures of the MTF.

2.4. Prepare referrals, and duty excusals, and assist in arranging patient admissions. All referrals and admissions shall be conducted in accordance with policies and procedures of the MTF.

2.5. Refer stable patients to specialty clinics within the MTF for further treatment as required.

2.6. Perform clinic examination, observation and diagnosis and surveillance of patients with gynecological diseases or disorders and develop plan of treatment based on your assessment and observations of the patient

2.7. Perform clinical obstetrical care and consultation including pregnancy testing, examination, and development of active programs of pre-natal, delivery, and post-natal care for low and high-risk pregnancies.

2.8. Perform colposcopy, LEEP, and cryotherapy when indicated.

2.9 Provide the following Family Planning Services:

2.9.1. Contraceptive Care. Provide a full range of fertility control methods including education and counseling on all options of contraception.

2.9.2 Fertility Services. Provide counseling and education on fertility problems. Includes laboratory and surgical work-up and management of individuals having problems conceiving children.

2.9.3. Sterilization. Perform total occlusion of ligation, as appropriate, for women. Vasectomies will be referred to appropriate hospital specialist.

2.10. Provide inpatient OB/GYN care as follows:

2.10.1 Obstetrics. Provide care to mothers following delivery, on the basis of physician orders and approved nursing care plans.

2.10.2. Gynecology. Perform minor and major surgical procedures on an emergency and scheduled basis utilizing hospital surgical staff and facilities. Provide continuing inpatient hospital care on relevant bed services (i.e. recovery, women's wards, etc.) subsequent to surgery.

2.10.3. Birthing Room and Labor and Delivery Rooms. Provide labor and delivery services to aid in the process of childbirth.

2.11. Provide residency training via the Residency Training program for designated resident house staff and physician extenders during rounds on OB/GYN inpatients and outpatients on a rotating basis with military, and other OB/GYN staff.

2.12. Conduct monthly meetings on a rotating basis with military OB/GYN staff to review and evaluate the care and treatment provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Review compliance with the departmental medical quality improvement plan, and the standard operating procedure for dealing with specific emergencies.

2.13. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

2.14. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

2.15. Use the CHCS system to enter orders and prescriptions; retrieve test results; request specialty consultation; and correspond via E-mail. Utilize the Ambulatory Data Module of CHCS for clinical data collection, capturing ICD-9, E&M, and CPT-4 codes.

2.16. Become familiar with, and demonstrate awareness of the Bylaws of the Medical Staff and the organizational and operational policies of the MTF, and comply therewith.

2.17. Become familiar with the Department of Defense TRICARE Program and understand the NHJAX implementation strategy.

3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

3.2. The regulations and standards of professional practice of the treatment facility, and

3.3. The bylaws of the treatment facility's professional staff.

4. ORIENTATION/TRAINING

4.1. You shall attend the NHJAX orientation briefing during the first three months of commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (F) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

5.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed the Fifth Pathway. Canadian practitioners who have graduated from an accredited Canadian medical school, and hold a Licentiate of the medical Council of Canada, are accepted as equivalent to the Accreditation Council for Graduate Medical Education (ACGME) accredited graduate trained in a U. S. Hospital. They may apply and be granted core or supplemental privileges upon receipt of a State license.
2. Complete a GME-1 program approved by the ACGME or the American Osteopathic Association and complete an OB/GYN residency approved by an American specialty board or the American Osteopathic Association.
3. Possess board certification in OB/GYN, or be identified as an “active candidate” as determined by the ABOG. 4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Have documentation of current Drug Enforcement Agency number.
6. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. Recertification will be provided by the Navy during normal working hours.
7. Possess current Neonatal Resuscitation Program certification.
8. Possess current Advanced Cardiac Life Support certification (ACLS).
9. Submit three letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor (allopathic or osteopathic). The other letters must be from either clinic or hospital administrators, or practicing physicians (allopathic or osteopathic). Reference letters shall attest to your communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.
10. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment 4.
11. Submit your experience as demonstrated by your resume.
12. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Application for Navy Contract Positions" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This shall include Board certification in OB-GYN or subspecialty certification.
2. The letters of recommendation required in item D.9, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as an OB-GYN physician in a DoD medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " * Application for Navy Contract Positions " (Attachment 2).
2. _____ A completed Pricing Sheet (Attachment 3).
3. _____ Proof of employment eligibility (Attachment 4).
4. _____ Three or more letters of recommendation per paragraph D.9., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 5)
6. _____ Small Business Representation (Attachment 6)

*Please answer every question on the "Application for Navy Contract Positions". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Services/Individual Set Asides or can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or www.ccr.dlsi.dla.mil. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 5 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for OB/GYN Physician is 621111.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 3, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package maybe addressed @ 301-619-8057.

We look forward to receiving your application.

OBSTETRICS AND GYNECOLOGY – GENERAL PROCEDURES

Only physicians fully trained in obstetrics and gynecology can use this obstetrics and gynecology privileges sheet. Other practitioners assigned to provide obstetric and gynecology services must add any additional required privileges to the supplemental privilege section of their specialty sheets.

Obstetrics:

- Routine prenatal, perinatal, and postpartum care
- Management of high-risk obstetric patients
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor by use of oxytocin
- Obstetric sonography, level I
- Management of normal labor and delivery, including episiotomy
- Amnioinfusion
- Aminotomy
- Operative vaginal delivery (including forceps, vacuum extraction, breech extraction, internal podalic version and extraction)
- Manual removal of placenta
- Amniocentesis
- Repair of obstetric lacerations
- Routine care of the normal neonate
- Resuscitation of the asphyxiated neonate
- Cesarean delivery
- External cephalic version
- Management of postpartum hemorrhage
- Management of major medical and surgical complications of pregnancy, labor and delivery (including hemorrhage, sepsis, severe preeclampsia and eclampsia)
- Use of intravaginal, intraamniotic and intramuscular prostaglandin
- Cystotomy with urethral stent placement, within the context of complications of obstetric or gynecologic surgery.

Gynecology:

- Performance of gynecology screening examinations
- PAP smear
- Diagnosis and treatment of vaginitis, sexually transmitted diseases, abnormal uterine bleeding and pelvic pain
- Colposcopy with vulvar, vaginal and cervical biopsy
- Outpatient therapy of condyloma and intraepithelial neoplasia
- Diagnostic cystoscopy for the evaluation and treatment of gynecologic disorders
- Cervical cerclage
- Hysterosalpingography
- Contraceptive counseling and prescription, including insertion of intrauterine devices
- Minor gynecologic surgical procedures (endometrial biopsy, dilatation and curettage, treatment of Bartholin cyst and abscess)
- Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
- Culdocentesis and paracentesis
- Aspiration of breast masses
- Gynecologic sonography
- Urethroscopy and female urodynamic evaluation
- Hysteroscopy
- Laparoscopy
- Suction curettage, for pregnancy termination and management of incomplete, missed, or inevitable abortion
- Tubal sterilization
- Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative

- procedures for treatment of ectopic pregnancy
- Abdominal and vaginal hysterectomy
- Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions
- Surgical treatment of stress urinary incontinence
- Vaginal plastic suspension and repair procedures
- Transabdominal suspension of the uterus and vagina
- Subradical vulvar surgery
- Presacral neurectomy
- Tuboplasty and other infertility surgery (not microsurgical)
- Cervical conization
- Pelviscopic surgery

ADVANCED PROCEDURES

Obstetrics:

- Subarachnoid block anesthesia, for delivery
- Epidural anesthesia, for labor and delivery
- Level II and level III obstetric sonography
- Intrauterine fetal transfusion
- Other intrauterine fetal surgery
- Cordocentesis

Gynecology:

- Vulvar, vaginal and cervical laser surgery
- Radical surgery for gynecologic malignancy
- Chemotherapy
- Microsurgical tubal reanastomosis and other microsurgical infertility procedures
- Laparoscopic laser surgery
- Intraabdominal laser surgery
- Dilation and evacuation for late second trimester pregnancy termination
- Metroplasty
- Reconstructive surgery for ambiguous genitalia

Ultrasonography and computer tomography:

- Guided needle aspirations, drainage and biopsy

APPLICATION FOR NAVY CONTRACT POSITIONS

A. General Information

Name: _____ SSN: _____

Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

B. Medical Information

YES NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy?

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

6. Have you ever been unlawfully involved in the use of controlled substances?

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

(Signature)

(Date)

II. PROFESSIONAL

A. Advanced Education.

1. Medical School:

a. Name of Accredited School

Date of Training
(From) (To)

b. Type of Degree: _____

c. Location and Address of School:

d. Name of Accredited School:

Date of Training
(From) (To)

e. Type of Degree: _____

f. Location and Address of School:

2. Additional Education:

a. Name of Accredited School:

Date of Training
(From) (To)

b. Type of Degree: _____

c. Location and Address of School:

2. Additional Education (continued):

d. Name of Accredited School:

Date of Training
(From) (To)

e. Type of Degree: _____

f. Location and Address of School:

3. Continuing Education:

[illegible]

4. Certifications

YES

NO

BLS Level C
Expiration Date: _____

NRP
Expiration Date: _____

ACLS
Expiration Date: _____

ATLS
Expiration Date: _____

Other:
Expiration Date: _____

B. Professional Employment. List your current and preceding employers for the past 5 years:

1. Name and Address of Present Employer(s):

From: _____ To: _____

a. _____

b. _____

2. Name and Address of Preceding Employers for the last 5 years:

a. _____

Position/Title: _____
From: _____ To: _____

Name and Address of Preceding Employers for the last 5 years (continued):

b. _____

Position/Title: _____
From: _____ To: _____

c. _____

Position/Title: _____
From: _____ To: _____

d. _____

Position/Title: _____
From: _____ To: _____

e. _____

Position/Title: _____
From: _____ To: _____

f. _____

Position/Title: _____
From: _____ To: _____

g. _____

Position/Title: _____
From: _____ To: _____

3. List military experience providing medical services:

a. _____

Position/Title: _____

From: _____ To: _____

b. _____

Position/Title: _____
From: _____ To: _____

c. _____

Position/Title: _____
From: _____ To: _____

4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.

5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?

6. List prior experience teaching or proctoring residents in graduate medical education settings.

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Membership in professional organizations that promote your specialty:

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____
3. Have you ever had your professional license revoked?	_____	_____
4. Have you ever voluntarily surrendered your professional license?	_____	_____

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or

charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

1. License Number State Date of Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Drug Enforcement Number State Date of Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature

Date

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 Aug 04 thru 30 Sep 04. Five option periods will be included which will extend services through 31 Jul 09, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other OB/GYN Physician in the Jacksonville, FL area. The average hourly price awarded previously for performance is \$128.55 for the Jacksonville, FL area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one OB/GYN Physician the Naval Hospital Jacksonville, in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Aug 04 thru 30 Sep 04	352	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 31 Jul 09	1744	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-8057 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: ____SE-04-04____